

1811

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Green</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>115</u>	
or _____		County Registrar No. <u>735</u>	
City of <u>Miami</u>		Local Registrar No. _____	
2. Full name of child <u>Ofelia Chacon</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	6. Date of birth <u>Nov. - 1 - 1923</u>
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Luastacio Chacon</u>		Full maiden name <u>Carmen Legarte</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
16. Color or race <u>Mexican</u>		17. Color or race <u>Mexican</u>	
11. Age at last birthday <u>19</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Labrer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>2:30</u> a.m. on the date above stated.			
(Born alive or dead)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. J. Sotomayor</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year.		Filed <u>Nov 30</u> 19 <u>23</u>	
Registrar.		Filed <u>12/5</u> 19 <u>23</u>	
		C. E. Smith	
		Local Registrar.	
		County Registrar.	

635-1101-335